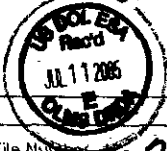


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 85-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: 2537	2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name ROBERT S NORRINGTON P.O. Box, Bldg., Room No., if any Street 1213 STATE STREET City NEW ALBANY, State INDIANA ZIP Code + 4 47150-4863	4. Name, file number, and address of labor organization. Name LIUNA LOCAL 795 Labor Organization File Number 008-544 P.O. Box, Building and Room Number, if any Street 1213 STATE STREET City NEW ALBANY, State INDIANA ZIP Code + 4 47150-4863
5. Position in labor organization. PRESIDENT/FIELD REPRESENTATIVE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name NONE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. -0-

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

7-6-05
Date

(812) 944-6473

Telephone Number

Name of Person Filing		ROBERT S NORRINGTON	File Number U-	2537
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>				
8. Name and address of Business (including trade name, if any).		9. Business deals with:		
Name NONE		a. Labor Organization		
Trade Name, if any:		b. Trust		
P.O. Box, Bldg., Room No., if any		c. Employer		
Street				
City				
State		ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.		11.a. Nature of such dealing.		
Name NONE				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street		11.b. Approximate dollar value of such dealing. -0-		
City		12.a. Nature of interest held or income received.		
State				
ZIP Code + 4		12.b. Amount. -0-		